## **U.S. Fiduciary Income Tax Return**

OMB No. 1545-0092
1982

For the calendar year 1982 or fiscal year beginning ......, 1982, and ending ..... Check applicable boxes: Name of estate or trust (Grantor type trust, see instructions) Employer identification number

		ent's estate		·					
		nkruptcy estate Name and title of fiduciary					le and split-interes		
Ē		tion-skipping trust		s check applica ctions):	able boxes (See in				
Ĺ		trust (\$300) ex trust (\$100)	Address of fiduciary (number and street)			ction 4947(a)(1)			
Ē		x trust (\$300)		Not treated	as a private foun				
L		r type trust estate trust	City, State, and ZIP code	nd ZIP code					
_		income fund				Described in se	ction 4947(a)(2)		
Che	ck appl	L L	🗌 First return 🔲 Final return 🔲 Ancillary returr	Amended re	eturn				
			Change in fiduciary's Name or	Address Address					
	1 Di	vidends (Enter	full amount before exclusion)	1					
	2 Int	terest income (	Enter full amount before exclusion)		<b></b>				
	3 Pa	rtnership incom	ne or (loss)						
ഉ	4 Inc	come from ano	ther estate or trust						
Income	5 Ne	et rent and roya	Ity income or (loss) from line 44						
<u>=</u>	6 Ne	et business and	farm income or (loss) (Attach Schedules C and F (Form 10						
	7 Ca	apital gain or (l	oss) (Attach Schedule D (Form 1041))						
	<b>8</b> Or	dinary gain or	(loss) (Attach Form 4797)						
	9 Ot		ate nature of income)			_ ///////			
	10	Total inco	me (Add lines 1 through 9)	<u> </u>	<u> </u>	- 10			
	11 Int	terest							
	i			1 3					
	13 Ch	naritable deduc	tion (from line 53)						
						//////	Ì		
	15 At	torney, account	ant, and return preparer fees						
us	<b>16</b> Ot		(Attach a separate sheet listing deductions)			_			
읓	17								
eductions		btract line 17							
ĕ		come distributio		1 1					
			erest exclusion (See instructions)						
			tion (Attach computation)						
			gain deduction from Schedule D (Form 1041) (Cha			1 00 1			
		emption							
	24	Total (Add	I lines 19 through 23)		· · · · •	24			
			fiduciary (Subtract line 24 from line 18)						
			nedule			·			
		Credits: a Foreign tax; b Investment; c Jobs;  Credits: a Alcohol fuel; b Nonconventional fuel; c Research;							
ах	28 Cre		I lines 27d and 28d)	; Iotal <b>&gt;</b>	28d				
-		•	lines 27d and 28d)		30				
י סל				·					
0		Tax from: a Form 4255; b Form 4626; Alternative minimum tax (Attach Form 6251)							
ital	33			32					
Computation		•	l lines 30 through 32)	–	34				
5		deral income to	Total N	'   <del></del>					
ر د	36	Total (Add	, IUIAI	36					
				37					
			e (Subtract line 36 from line 33) (See instruction K) stract line 33 from line 36)			. 38			
Dia:		Under penalties	of perjury, I declare that I have examined this return, incl belief, it is true, correct, and complete. Declaration of preparation	uding accompanying	schedules and s	tatements, and	to the best of my		
Ple:		has any knowled	dener, it is true, correct, and complete. Declaration of preparings.	arer (oth <b>er than</b> fidu	ciary) is based on	all information	of which prepare		
Sig Her				i <b>▶</b>					
ııçı	<u> </u>	Signature of	fiduciary or officer representing fiduciary		Date				
Paid	1	Preparer's		Date	Check if self-em-	Preparer's s	social security no.		
	i parer's	signature			ployed >				
Use Only		yours, if self-en	irm's name (or ours, if self-employed)						
		and address	<b>7</b>		ZIP code				

## Schedule A.—NET RENT AND ROYALTY INCOME (If more space is needed, attach additional sheets of same size.)

(a) Kind and location of property		(b) Total amount of rents		(c) Total amount of royalties	(d) Fiduciary's share of depre- ciation (explain on Form 4562) or depletion (attach computation)		(e) Other expenses (Repairs, etc. attach statement)	
39								
41		<b></b>						
42						-		
	Totals		. 12			<del>                                     </del>		
	Net income or (loss) (column (b) plus column (c) le		a) ai	nd (e)). Enter nere	and on line 5	44		
Do	not complete Schedules B and C for a simple t	rust						
Sc	hedule B.—CHARITABLE DEDUCTION (Write t	he name and	add	ress of the charitabl	e organization on an	attached	sheet.)	at m.c.
45	Amounts paid or permanently set aside for charitable	purposes fro	om cı	urrent year's incom	e	45	· • • • • • • • • • • • • • • • • • • •	
46	Tax-exempt interest allocable to charitable distribution (See instructions)							
	(Complete lines 47 and 48 below only if gain on Schedule D (Form 1041), line 17, column (b), exceeds on Schedule D (Form 1041), line 16, column (b).)							
47	a Long-term capital gain included on line 45 (See ins					47a		_
	$\boldsymbol{b}$ Enter gain on Schedule D (Form 1041), line 17, column (b),					47b		
	$\boldsymbol{c}\hspace{0.2cm}$ Enter gain on Schedule D (Form 1041), line 17, column (c),					47c		
	Enter 60% of the amount on line 47a, 47b, or 47c, $\nu$					48		
	Add line 46 and line 48					<u>49</u> 50		
	Balance (Subtract line 49 from line 45)					50		
51	Enter the short-term capital gain and 40% of the net					51		
	to corpus, paid or permanently set aside for charitate Amounts paid or permanently set aside for charitable purposes					52		
52	Total (Add lines 50, 51, and 52). Enter here and or	n line 13.			(See instructions) .	53		_
	nedule C.—INCOME DISTRIBUTION DEDUCTION							
<u> </u>	Enter amount from line 18 if the amount on line 10	exceeds the	amoi	int on line 17		54		
	a Tax-exempt interest, as adjusted (See instructions					55a		
<b>J</b> J	b Net gain shown on Schedule D (Form 1041), line :	, 18, column (a				55b		
	c Add line 51 and 40% of the amount on line 47a, 4					55c		
	d Short-term capital gain included on line 45					55d		
	e If amount on line 7 is a loss, enter amount here as					55e		
	Total (Add lines 54 through 55e)					56		
	If amount on line 7 is a gain, enter amount here .					57		
	Distributable net income (Subtract line 57 from line 5					<u>58</u>		
59	9 If a complex trust, amount of income for the tax year determined under the							
	governing instrument (accounting income)			59				
<b>6</b> 0	Amount of income required to be distributed curre	ntly (See ins	struc	tions)		60		
61	Other amounts paid, credited, or otherwise required		62					
62	62 Total (Add lines 60 and 61) (If greater than line 59, see instructions)							
			ı, as	adjusted (See Ilist	ructions)	63 -		_
	Balance (Subtract line 63 from line 62) Enter distributable net income from line 58		• •			65		_
						66		
	Balance (Subtract line 66 from line 65)					67		
68	Income distribution deduction. Enter here and on line	19 the amou	int o	n line 64 or line 67,	whichever is less.	68		
	Date trust was created or, if an estate, date of decedent's death	1 1					1	Yes No
73 At any time during the tax year did the es						state or tr	ust have	
70	70 Did the estate or trust receive tax-exempt income?				-		12	
. •	If "Yes," attach a computation of the allocation of expenses.			count, securities ac	count, or other finan	cial accou	int in a	
71	If a complex trust making the section 663(b) election, check foreign country? (See the instructions for que							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	the "Yes" hav							
72	Did the estate or trust receive all or any part of the earnings	s   <i>     </i>			during the current tax		12	
	(salary, wages, and other compensation) of any individual by rea				t has any beneficial inte		ľ	
	son of a contract assignment or similar arrangement?	.   _   _		you may have to file	Form 3520, 3520-A, c	or 926 .		